

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in event of removal, within 72 hours after death.

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10093MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10095

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Adult life	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 200 Myrtle Street		e. STREET ADDRESS 200 Myrtle Street	
3. NAME OF DECEASED (Type or print) T. Clyde Covington		First T. Middle Clyde Lost Covington	4. DATE OF DEATH July 1, 1967
5. SEX Male	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Dec. 21, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Grocery	
11. BIRTHPLACE (County & State, or foreign country) Camden, N. Jersey		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Covington		14. MOTHER'S MAIDEN NAME Margaret Elizabeth Selby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-03-0801	
17. INFORMANT Mrs. Beatrice Covington, Same as 2. abcd		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malabsorption Syndrome INTERVAL BETWEEN ONSET AND DEATH 4500 1 year			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) Arteriosclerosis 3 years			
DUE TO (c) Mental Depression 3 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from June , 1967, to July 1 , 1967, that (I) (we) last saw the deceased alive on July 1 , 1967, and that death occurred at 9 A.M. from causes and on the date stated above.			
22a. SIGNATURE Sarah M. Peyton		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22b. DATE SIGNED July 5, 1967
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton, M. D.		22d. ADDRESS 33 W. Main St., Crisfield, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 4, 1967	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS 25a. REC'D BY REGISTRAR JUL 6 1967	
		25b. REGISTRAR'S SIGNATURE Charles Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10094

CERTIFICATE OF DEATH

10096

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove ~~particular papers~~. Pages ^{1 and 2} ~~1~~ should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b 77		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) McCready Memorial Hospital				d. STREET ADDRESS RT # 1				
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print)		First George	Middle 	Lost Dennis	4. DATE OF DEATH July 25 1967	Month July	Day 25	Year 1967
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	B. DATE OF BIRTH Mar. 25, 1888	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (County & State, or foreign country) Helo both Md		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John Dennis		14. MOTHER'S MAIDEN NAME Hester Whittington		Address Pauline Dennis Marion Md.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 		17. INFORMANT 		18. MEDICAL CERTIFICATION		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 331 X		DUE TO Central Venacular Accident		INTERVAL BETWEEN ONSET AND DEATH 36 hrs				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause {		(b) DUE TO Previous Central Venacular Accident		8 mo.				
{ stating the underlying cause lost.		(c) DUE TO Arteriosclerosis		Unknown				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from 11/26 1966 to 7/25 1967 that (I) (we) last saw the deceased alive on July 25, 1967 and that death occurred at 4:15 P.M. , from causes and on the date stated above.								
22a. SIGNATURE A. N. Barr		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		
22c. PHYSICIAN'S NAME (Type) A. N. Barr, M.D.		22d. ADDRESS Crisfield, Maryland						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 29, 1967		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS MARUMSCO		23d. LOCATION (City or Town) (County) (State) Marion Md.		
24. FUNERAL DIRECTOR Hulthy E. Ward Crisfield Md				25a. REC'D BY REGISTRAR DATE AUG 4 1967		25b. REGISTRAR'S SIGNATURE Charles Judge		

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FOR STATE
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												10097		
MEDICAL EXAMINER'S CERTIFICATE OF DEATH						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						10097		
1. PLACE OF DEATH a. COUNTY			Somerset MARYLAND			a. STATE			Maryland b. COUNTY			Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			Rural			c. LENGTH OF STAY IN TD			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			Grisfield		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET ADDRESS						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Crisfield, Maryland						Main St., Ext.								
3. NAME OF DECEASED (Type or print)		First HOWARD	Middle GLENWOOD	Last EVANS	4. DATE OF DEATH		Month July	Day 29	Year 1967					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 17, 1947		9. AGE (In years last birthday) 19 yrs.		IF UNDER 1 YEAR Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			10b. KIND OF BUSINESS OR INDUSTRY College			11. BIRTHPLACE (State or foreign country) Washington, D. C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME R. Preston Evans						14. MOTHER'S MAIDEN NAME Carolyn Howard								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT			Address					
R. Preston Evans, same as 2. abcd above														
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]														
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head Injury														
DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Automobile Accident														
DUE TO (c)														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)														
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OF CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)											
20c. TIME OF INJURY Month, Day, Year Hour e.m. 3:20 AM 7/29/67			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt. # 413			20f. (City or town) (County) (State) R.F.D. Crisfield, Maryland					
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>														
CHIEF MEDICAL EXAMINER <input type="checkbox"/> ACTUAL SIGNATURE Everett Sutter														
M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) Somerset														
22. DATE SIGNED 7/29/67														
EXAMINER'S NAME (Type) Everett Sutter, M.D.			23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery			23d. LOCATION (City, town or county) (State) Crisfield, Md.								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF Aug. 1, 1967			25a. REC'D BY REGISTRAR AUG 4 1967			25b. REGISTRAR'S SIGNATURE Johns Juge					
24. FUNERAL DIRECTOR Bradshaw & Sons			ADDRESS Crisfield, Md.			DATE								
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DEPT

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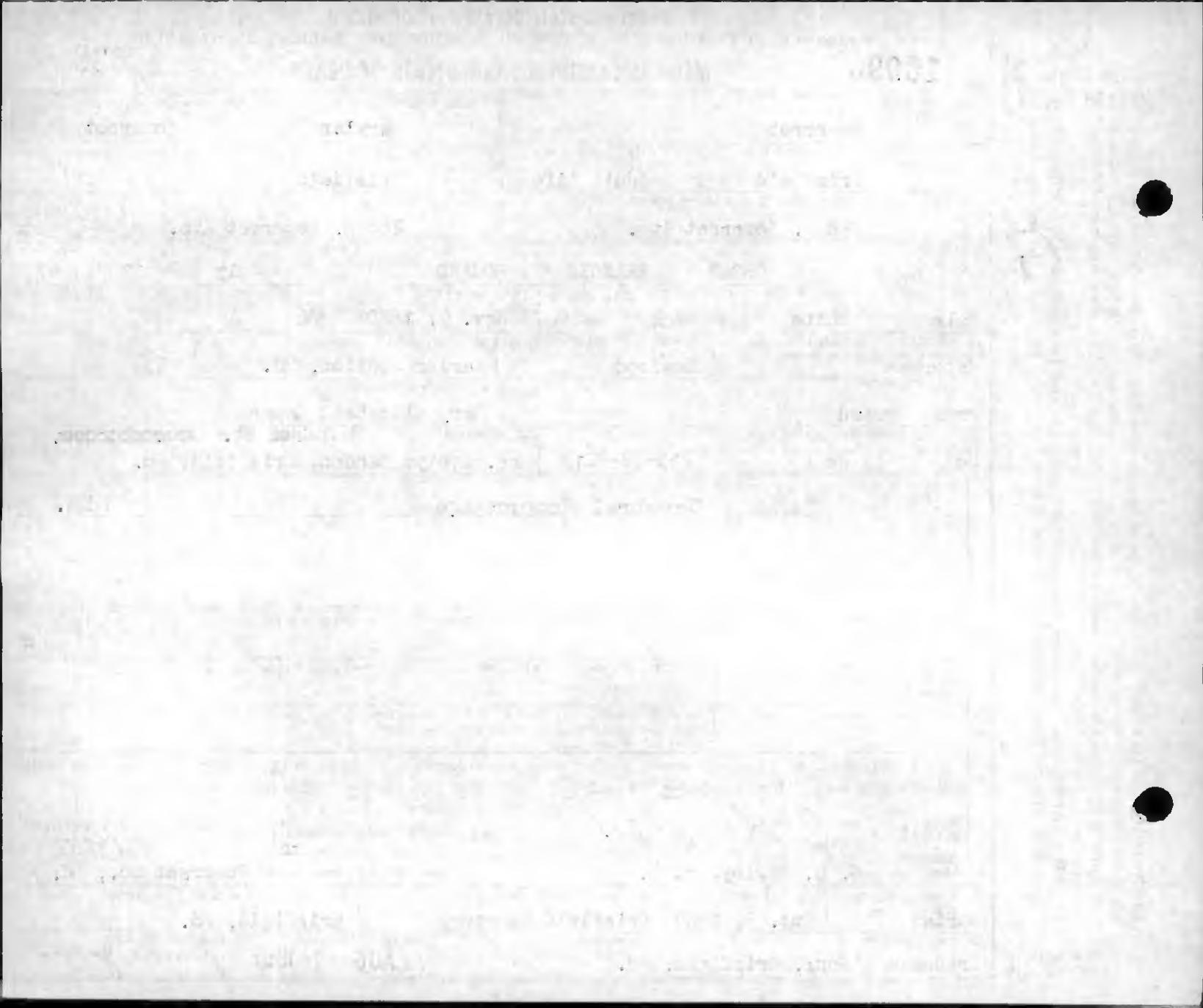
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10098

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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1. PLACE OF DEATH D. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) D. STATE Maryland b. COUNTY Somerset				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN lb Adult life				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 266 N. Somerset Ave.		d. STREET ADDRESS 266 N. Somerset Ave.				
3. NAME OF DECEASED (Type or print) OSCAR FRANCIS HOWARD		4. DATE OF DEATH July 31 1967	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDDWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> Divorced <input type="checkbox"/>	B. DATE OF BIRTH Nov. 7, 1880			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		IDb. KIND OF BUSINESS OR INDUSTRY Seafood	9. AGE (In years lost birthday) 86 yrs.			
13. FATHER'S NAME Frank Howard		11. BIRTHPLACE (State or foreign country) Marion Station, Md.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 213-22-9213	17. INFORMANT 8 Hudson St., Telephone 10-0000. Mrs. Evelyn Landon, Crisfield, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH Min.						
Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause (b) DUE TO lost. (c) DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1b.)				
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Somerset Co., Md.	(County) Somerset Co., Md.	(State) Md.
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>						
ACTUAL SIGNATURE <i>C. G. Rawley.</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D.		22. DATE SIGNED 8/3/67		
EXAMINER'S NAME (Type) C. G. Rawley, M. D.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		Address (Street, city, town, or county) Somerset Co., Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Aug. 3, 1967	23c. NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery	23d. LOCATION (City or Town) Crisfield, Md.		
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS		25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE	
				DATE AUG 7 1967		



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FOR STATE
HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10097

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY Somerset		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne, Md		c. LENGTH OF STAY IN 1b Life		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset	
						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne, Md.			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. STREET ADDRESS				f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Oscar B James		First	Middle	Last	4. DATE OF DEATH 7-17-67	Month	Day	Year	
5. SEX male	6. COLOR OR RACE col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 13, 1890	9. AGE (In years last birthday) 76 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Princess Anne		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Woodland P James		14. MOTHER'S MAIDEN NAME Julia C Logan							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-01-7942		17. INFORMANT Elsie Tilghman (Princess Anne, Md.)		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) H201		DUE TO (b) Myocardial infarction		DUE TO (c) Coronary arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH seconds			
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)									
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ACTUAL SIGNATURE <i>Juett Sutter</i>								22. DATE SIGNED	
EXAMINER'S NAME (Type) Everett Sutter MD								23. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
								24. M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
								25. DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 7-22-67		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS John Wesley		23d. LOCATION (City, town or county) Princess Anne, Md.		(State)	
24. FUNERAL DIRECTOR William H James III, Princess Anne, Md.						25a. REC'D BY REGISTRAR JUL 26 1967		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

January 1973

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Additional References

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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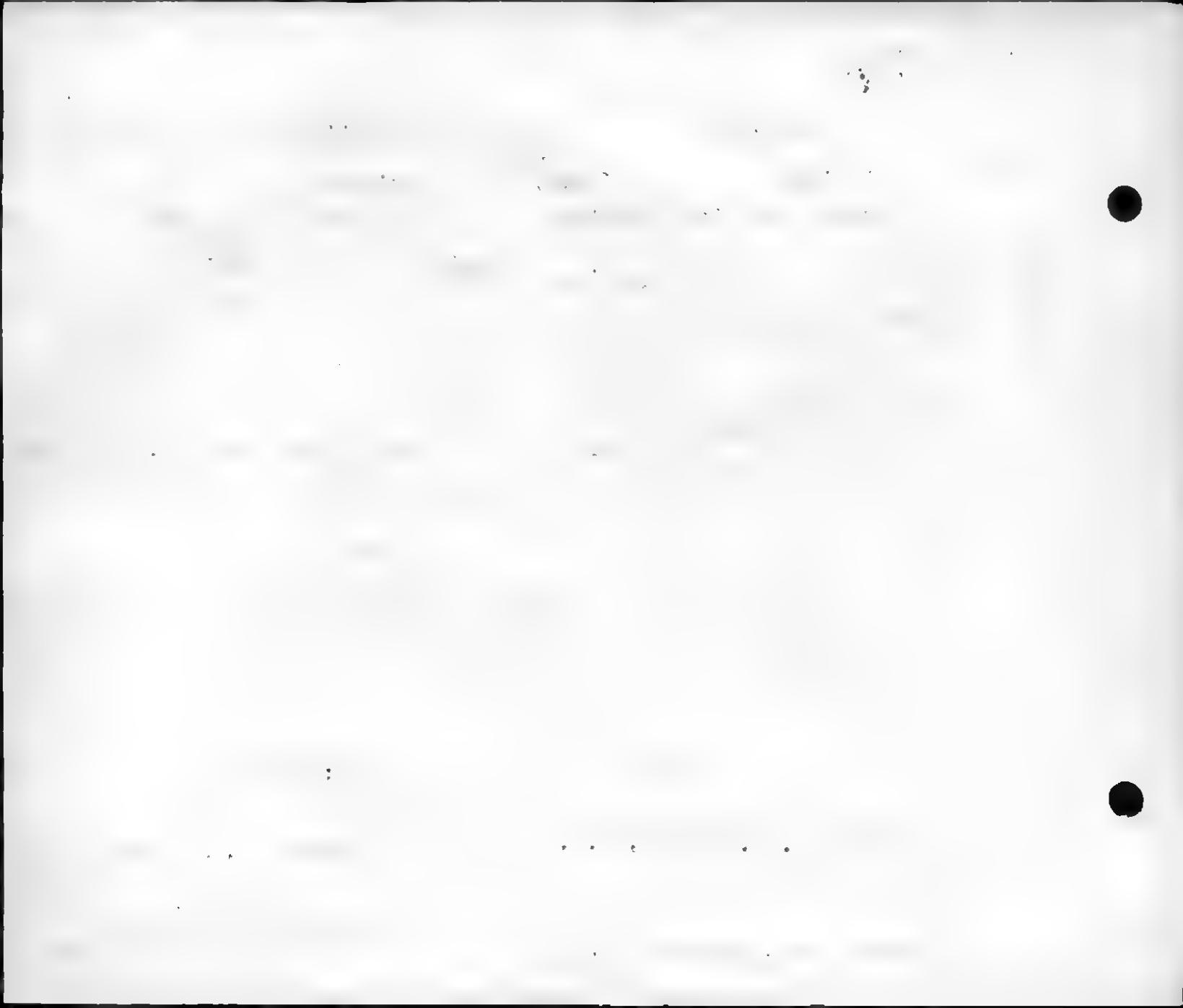
CERTIFICATE OF DEATH

10100

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.

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1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN b years 2 days	
d. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) McCready Memorial Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First: Virgil H. Middle: Maddox		4. DATE OF DEATH Month July Day 22 Year 67	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED Married		8. DATE OF BIRTH Dec 16, 1903	
9. AGE (in years last birthday) 63 yrs		10. IF UNDER 1 YEAR Months 0 Dots 0 Hours 0 Min 0	
11. IF UNDER 24 HRS Months 0 Dots 0 Hours 0 Min 0		12. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (County & State, or foreign country) Marion, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Maddox		14. MOTHER'S MAIDEN NAME Mary Emily Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No None		16. SOCIAL SECURITY NO 218-01-2850	
17. INFORMANT Mrs. Jeanette Maddox, Same as 2. abcd above		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause stating the underlying cause last. (b) (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days	
Coronary Thrombosis			
Old cardiac Impression			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 7/20 , 19 67 , to 7/22 , 19 67 , that (I) (we) last saw the deceased alive on 7/22/67 19 67 , and that death occurred at 7:20A from causes and on the date stated above.			
22a. SIGNATURE <i>L. M. Peyton</i>		22b. DATE SIGNED JUL 28 1967	
22c. PHYSICIAN'S NAME (Type) S. M. Peyton, M.D.		22d. ADDRESS Crisfield, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 25, 1967	
23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery		23d. LOCATION (City or Town) (County) (State) Crisfield, Md.	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		25a. REC'D BY REGISTRAR JUL 28 1967	
ADDRESS		25b. REC'D BY REGISTRAR'S SIGNATURE <i>Charles Judge</i>	
VR A15 (4) 25M 1/67			



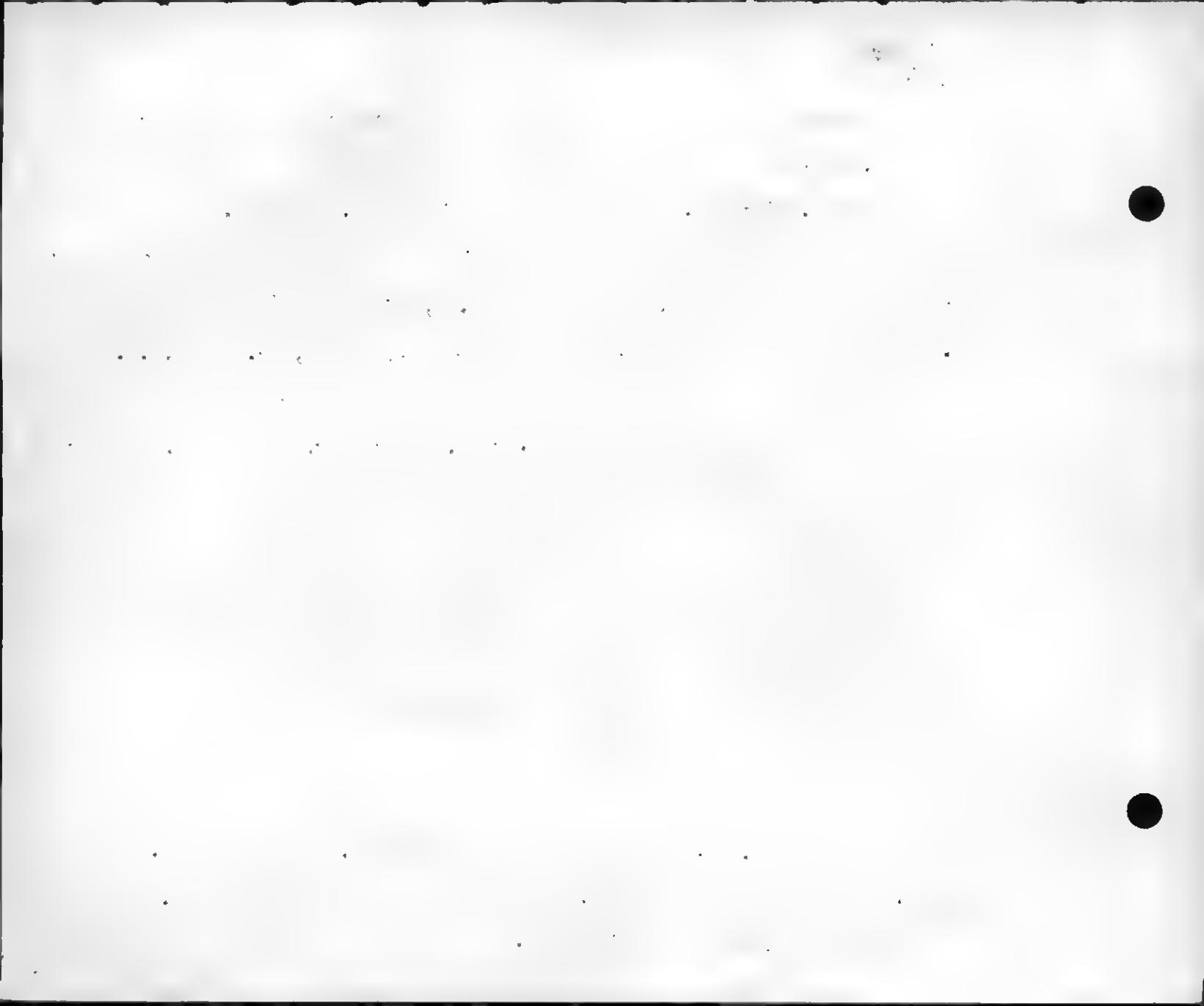
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND**

CERTIFICATE OF DEATH

10101

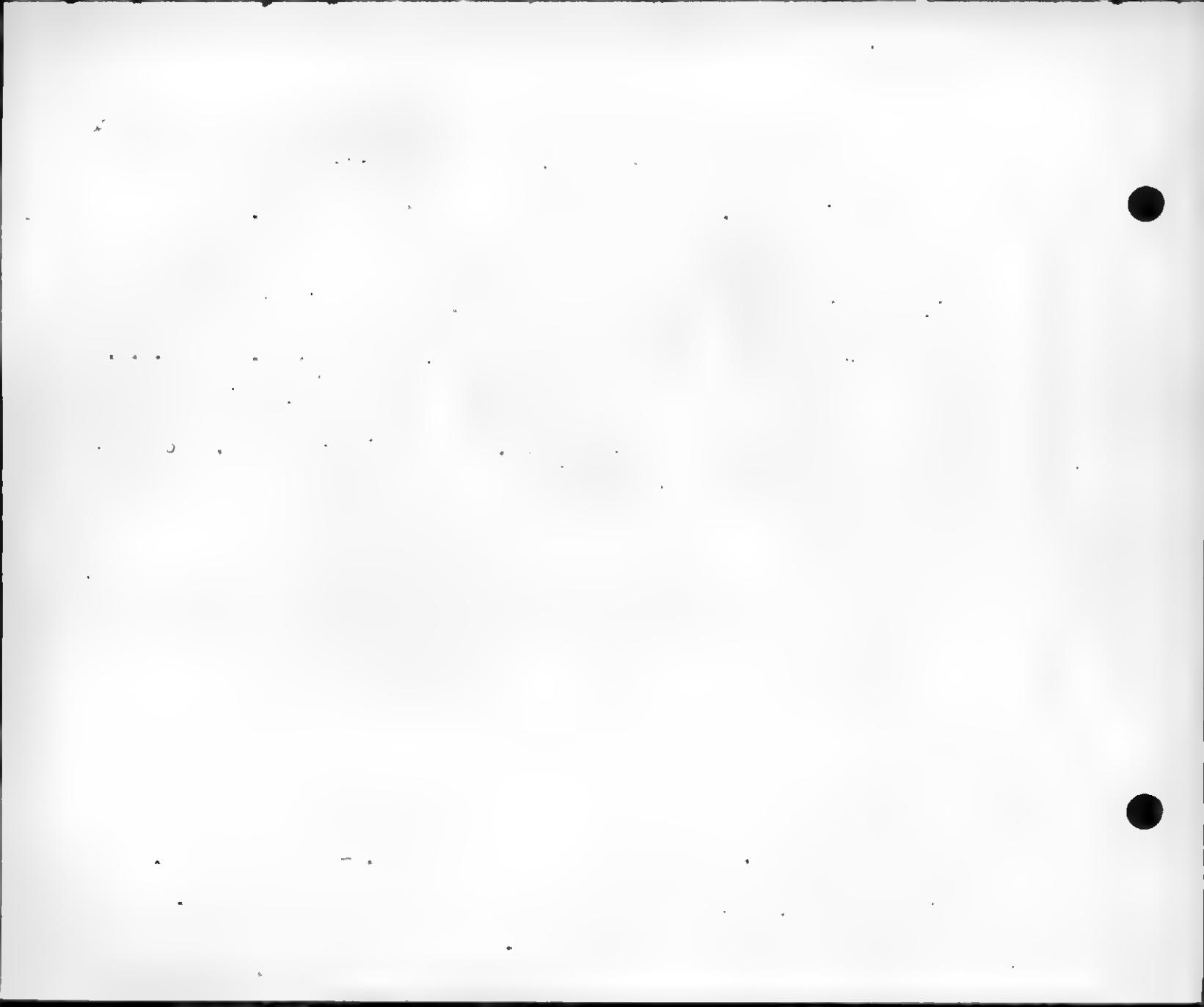
1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield		b. COUNTY Somerset	
c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 313 N. First St.		d. STREET ADDRESS 313 N. First St.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First LENA	Middle MAE	Last MADDRIX
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (County & State, or foreign country) Baltimore City, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Cooke	14. MOTHER'S MAIDEN NAME Nora Conner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 213-22-7913	17. INFORMANT Lake S. Maddrix, Jr.	Address same as 2. abcd above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hypertensive C. V. Disease			
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Gastrectomy for Gastric Ulcer -			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office/bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from July 22, 1967 to July 22, 1967 , that (I) (we) last saw the deceased alive on July 22, 1967 , and that death occurred at 10:30 AM , from the causes and on the date stated above.			
22a. SIGNATURE Sarah M. Peyton	ATTENDING M.D. Sarah M. Peyton MD	MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	DATE SIGNED 7/25/67
22c. PHYSICIAN'S NAME (Type) Sarah M. Peyton MD	22d. ADDRESS Main St. Crisfield, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF July 25, 1967	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	23d. LOCATION (City, town or county) Crisfield, Md.
24. FUNERAL DIRECTOR Bradshaw & Sons	ADDRESS Crisfield, Md.	25a. REC'D BY REGISTRAR JUL 28 1967	25b. REGISTRAR'S SIGNATURE Charles Judge



1
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
CERTIFICATE OF DEATH											
1. PLACE OF DEATH b. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)							
Somerset				a. STATE Maryland							
D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		b. COUNTY Somerset							
Crisfield		16 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				Crisfield							
111 Second St.				d. STREET ADDRESS							
111 Second St.				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)			First CHARLES	Middle DEWEY	Last McMANN	4. DATE OF DEATH	Month July	Day 22	Year 1967		
5. SEX			6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS Days	Hours	Min.	
Male			White	Dec. 17, 1902	64 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
Custodian			Church			Tangier Island, Va.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME								
John McMann			Virginia Crockett								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No			16. SOCIAL SECURITY NO.			17. INFORMANT			Address		
			223-24-6659			Mrs. Alma McMann, same as 2. abcd above					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)											
Due to Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Due to (c) Previous Cardiac Infarction											
Coronary Arteriosclerosis											
Coronary Arteriosclerosis											
INTERVAL BETWEEN ONSET AND DEATH Immediately											
10 yrs											
2 yrs.											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Crisfield, Md.		(County)		(State)
21. I certify that (I) (this hospital) attended the deceased from July 4, 1967, to July 22, 1967, that (I) (we) last saw the deceased alive on July 22, 1967, and that death occurred at 12:30 AM, from the causes and on the date stated above.											
22a. SIGNATURE Sarah M. Peyton											
22b. DATE SIGNED July 28, 1967											
22c. PHYSICIAN'S NAME (Type)		Sarah M. Peyton, MD		22d. ADDRESS Main St. — Crisfield, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 24, 1967		23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		23d. LOCATION (City, town or county) Crisfield, Md. (State)					
24. FUNERAL DIRECTOR Bradshaw & Sons		ADDRESS Crisfield, Md.		25a. REC'D BY REGISTRAR JUL 28 1967		25b. REGISTRAR'S SIGNATURE James Judge					
DATE JUL 28 1967											



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10101

CERTIFICATE OF DEATH

10103

TO HOSPITAL OR ATTENDING PHYSICIAN: This law requires that the death certificate be executed within 24 hours after death.**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH o. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland		b. COUNTY Somerset		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ewell		c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ewell		d. STREET ADDRESS Rural		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) DANIEL THEODORE SOMERS		First	Middle	Lost	4. DATE OF DEATH July 18, 1967	Month	Doy	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1887	9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Seafood		11. BIRTHPLACE (County & State, or foreign country) Smith Island, Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Daniel S. Somers		14. MOTHER'S MAIDEN NAME Arintha Tyler						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No None		16. SOCIAL SECURITY NO. 218-16-7750		17. INFORMANT Mrs. Ruth Smith, Same as 2. abcd		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure						INTERVAL BETWEEN ONSET AND DEATH		
442X Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause lost. (b)		DUE TO		Atypical pneumonia		7 days		
(c)		DUE TO		Cardio-vascular renal disease		10 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senile cataracts, bilateral								
20d. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20e. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Not an accident!				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Month, Day, Year Hour o.m. None p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> At home <input type="checkbox"/> At work <input checked="" type="checkbox"/> At play <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None		20f. (City or town) (County) (State) Not an accident		
21. I certify that (I) (this hospital) attended the deceased from July 18, 1967 , to 7/18, 1967 , that (I) (we) last saw the deceased alive on 7/17/1967 , and that death occurred at 7/18, 1967 M. from causes and on the date stated above.								
22a. SIGNATURE Thomas C. Gentry, M. D.		22b. DATE SIGNED 7/20/67		22d. ADDRESS Ewell, Smith Island, Md.				
22c. PHYSICIAN'S NAME (Type) Thomas C. Gentry, M. D.								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF July 21, 1967		23c. NAME OF CEMETERY OR CREMATORIUM Ewell Cemetery		23d. LOCATION (City or Town) (County) (State) Ewell, Somerset, Md.		
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md.		ADDRESS		25a. REC'D. BY REGISTRAR JUL 27 1967		25b. REGISTRAR'S SIGNATURE Charles Judge		
VR A15 (4) 20 M 1/66				DATE				

2027

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10102

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10104

1. PLACE OF DEATH a. COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE		Md.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN Tb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		b. COUNTY	
W. Ocean City				Pocomoke City, Md.		Worcester	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		d. STREET ADDRESS		e. DATE OF DEATH	
DHS 13				508 Young St.		July 9 1967	
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
Male Negro	Alonzo	Washington	Teagle	Dec. 5 1903	63	19	67
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours Min.	11. BIRTHPLACE (State or foreign country)	
					63 yrs.	Md.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME	
Laborer				U.S.A.		John Teagle	
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address	
		No				Ollie Teagle 4707 Brown St. Phila, Pa.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Internal injuries DUE TO 8124 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO being hit by automobile (c) DUE TO lost.							
INTERVAL BETWEEN ONSET AND DEATH seconds							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) walked in front of man automobile					
20c. TIME OF INJURY Month, Day, Year Hour o.m.		20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Nat While <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)	(County) (State)
4:10AM 7-9-67 19				State Highway		Pocomoke	Somerset Md.
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) Somerset 7-12-67					
23a. BURIAL, CREMATION REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORIUM		23d. LOCATION (City or Town) (County) (State)	
Burial		7-16-67		Wardtown Cem.		Pocomoke Wor. Md.	
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR DATE		25b. REGISTRAR'S SIGNATURE	
Lamont Sowers & New Church, Va.				JUL 14 1967		Charles Jagger	

5612

shallow

extreme lateral migration

elimination of old system

elimination process to start at bottom

All directions indicated north of 32 ° N

Westerly wind

N

S

North direction

N

NE - SW direction

South West direction